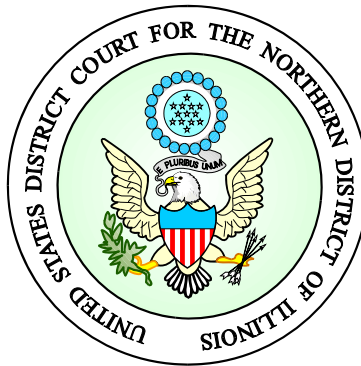


**FILING A CIVIL CASE
WITHOUT AN ATTORNEY:
PRISONER CIVIL RIGHTS
FORMS & INSTRUCTIONS**



**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

(04/11/14)

INSTRUCTIONS FOR FILING
A COMPLAINT UNDER THE CIVIL RIGHTS ACT
42 U.S.C. § 1983 (against state, county, or municipal defendants)
or
A “BIVENS” ACTION, 28 U.S.C. § 1331
(against federal defendants)

Complaint Form

This packet includes a complaint form and one application to proceed *in forma pauperis* (as a poor person) with financial affidavit. Local Rule 81.1 of the Local Rules of this court requires prisoners in custody filing suit under 42 U.S.C. § 1983 to use the court’s form. This form is not something submitted with the complaint, it is the complaint. **All** questions on this form must be answered on the form. (You may attach additional sheets if necessary to complete your answer.) It is not permitted to answer a question “see attached” or “see attached complaint.” Such complaints may be summarily dismissed without prejudice. If you should choose to draft your own complaint instead of using the court’s form, you must still include the information asked for in the court’s form.

To bring a lawsuit, you must submit a complaint bearing your original signature. If you do not have access to a photocopier, you may request more copies of the complaint form from the Clerk of the Court so that you may make conformed copies. You should keep a copy of the complaint for your own records. *In forma pauperis* status does not entitle you to free copies of court records or documents. Therefore, the Clerk of the Court must charge you if you need photocopies of your complaint or any other motion or document.

If your defendants are state, county, or municipal employees, you should file your case under 42 U.S.C. § 1983. If your defendants are employees of the United States Government, you should file your case under 28 U.S.C. § 1331. If neither statute applies, you should cite the applicable statute, if known.

Your complaint and all other documents must be legibly handwritten or typewritten on one side of letter-sized (8½” x 11”) paper and signed by all plaintiffs. It is not necessary to swear to the complaint before a notary public. However, you are warned that any false statement of a material fact may subject you to dismissal of your case as well as prosecution and conviction for perjury.

All questions must be answered concisely in the proper space on the forms. If you need additional space to answer a question, you may use additional blank pages. **YOUR COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.** You are required only to state the facts. You must describe how each defendant is personally involved in the activities upon which your claim is based.

Filing Fee

The filing fee is \$400. In addition, the United States Marshal may require you to pay the cost of serving the complaint on each of the defendants. If you are unable to pay the filing fee of \$400 and service costs for this action, you must petition the court to allow you to proceed *in forma pauperis* (that is, without prepaying costs and fees).

The Prison Litigation Reform Act (“PLRA”) has changed the process for proceeding *in forma pauperis*. **Even if you are granted leave to proceed *in forma pauperis*, you will be responsible for paying the full amount of the \$400 fee for filing a complaint or the \$505 fee for filing an appeal in installment payments.** The initial installment is 20 percent of the greater of (1) the average monthly deposits (including any state pay and gifts) to your inmate trust fund account or (2) the average monthly balance in your account for the six-month period immediately preceding the filing of your complaint or notice of appeal. The court will calculate the initial installment and inform the institution having custody of you to remit this amount.

(Continued Over)

After the first installment is paid, you will be required to make monthly payments of 20 percent of the preceding month's income credited to your account. You should not send these monthly payments yourself. The institution having custody of you will forward the payments from your account to the clerk of the court each time the amount in your account exceeds \$10 until the filing fees are paid in full.

If you have no assets or other means to pay the **initial** installment, you will still be allowed to bring your action or appeal. However, you will be required to pay the entire filing fee in installments as described above as money becomes available in your account.

If a court issues a judgment against you that includes the payment of costs, you will be required to pay these costs and they will be collected in the same manner as your filing fee.

In Forma Pauperis Application

To file your application to proceed *in forma pauperis*, you must complete, sign, and attest as true and correct under penalty of perjury the enclosed application and financial affidavit. You must have an authorized officer at the correctional institution complete the certificate as to the amount of money and securities on deposit to your credit in any account in the institution. **You must also attach a certified copy showing all transactions in your inmate trust fund account from each institution where you resided for the six-month period immediately preceding the filing of your complaint.** If you have been in more than one institution during the past six months, you must attach trust fund accounts from each institution. If there is more than one plaintiff, then each plaintiff must complete a separate *in forma pauperis* application and attach a copy of his or her trust fund account.

Other PLRA Provisions

You should be aware of several other provisions of the PLRA. **(1) "Three Strike" Provision.** If you file three cases or appeals that are dismissed as frivolous, malicious, or failing to state a claim, you will be barred from filing any more cases *in forma pauperis* unless you are in imminent bodily danger. Some common examples of dismissals that will count toward the three-strike limit include, but are not limited to, failure to name a suable and non-immune defendant; failure to allege facts that would indicate a violation of a **federal** right; dismissal of your action in response to a defendant's motion to dismiss for failure to state a claim upon which relief may be granted; dismissal of an appeal as frivolous or not taken in good faith. **Note:** If the district court dismisses your case for one of these reasons, that will count as one strike. If you appeal the dismissal and the court of appeals dismisses your appeal, that may count as a second strike. **(2) Exhaustion.** You are now required to exhaust all your available administrative remedies before bringing an action in federal court. **(3) Physical Injury.** The law now provides that a prisoner, while confined, may not file a federal claim for mental or emotional injury suffered while in custody without a prior showing of physical injury.

U.S. Marshal's Forms and Summons

USM 285 forms should be completed and submitted at the time you submit your complaint. Summons will be prepared and issued by the Clerk's office, pursuant to a court order. You must complete a separate USM 285 form for each named defendant, giving the address where the U.S. Marshal can attempt to serve that defendant. No summons will be sent to you. You must provide a completed USM 285 form for each defendant named in your complaint.

Where to File

Your complaint should be filed in this district only if one or more of the named defendants resides within this district or if the events upon which you base your complaint took place in this district. The following Illinois Correctional Centers are located in the Northern District of Illinois: Stateville, Joliet, Sheridan, and Dixon. A complaint filed in this court against officials at other state prisons may be subject to dismissal or transfer to the proper district. When these forms are properly completed, mail them to Prisoner Correspondent, United States District Court, 219 S. Dearborn Street, Chicago IL 60604. Complaints concerning claims arising at the Dixon Correctional Center should be sent to the Clerk, United States District Court, 327 S. Court Street, Rockford, IL 61101. Always keep the court informed of your address; failure to do so may result in dismissal of your case.

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: _____
(To be supplied by the Clerk of this Court)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

_____ **COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code** (state, county, or municipal defendants)

_____ **COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code** (federal defendants)

_____ **OTHER** (cite statute, if known)

***BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.***

I. Plaintiff(s):

- A. Name: _____
- B. List all aliases: _____
- C. Prisoner identification number: _____
- D. Place of present confinement: _____
- E. Address: _____

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In **A** below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in **B** and **C**.)

- A. Defendant: _____
Title: _____
Place of Employment: _____
- B. Defendant: _____
Title: _____
Place of Employment: _____
- C. Defendant: _____
Title: _____
Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____

- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____

- D. List all defendants: _____

- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____

- G. Basic claim made: _____

- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____

- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

[illegible]

[illegible]

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20_____

(Signature of plaintiff or plaintiffs)

(Print name)

(I.D. Number)

(Address)

**APPEARANCE FORM FOR PRO SE LITIGANTS
DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS**

Information entered on this form is required for any person filing a case in this court as a pro se party (that is, without an attorney).

NAME: _____
(Please print)

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

CASE NUMBER: _____

Signature

Date

REQUEST TO RECEIVE NOTICE THROUGH E-MAIL

If you check the box below and provide an e-mail address in the space provided, you will receive notice via e-mail. By checking the box and providing an e-mail address, under Federal Rule of Civil Procedure 5(b)2(E) you are waiving your right to receive a paper copy of documents filed electronically in this case. You should not provide an e-mail address if you do not check it frequently.

☐

I request to be sent notices from the court via e-mail. I understand that by making this request, I am waiving the right to receive a paper copy of any electronically filed document in this case. I understand that if my e-mail address changes I must promptly notify the Court in writing.

E-Mail Address
(Please Print Clearly)

**UNITED STATES DISTRICT COURT FOR THE
NORTHERN DISTRICT OF ILLINOIS**

***IN FORMA PAUPERIS* APPLICATION
AND
FINANCIAL AFFIDAVIT**

_____,
Plaintiff

v.

_____,
Defendant(s)

Case Number: _____

Judge: _____

Instructions: Please answer every question. Do not leave any blanks. If the answer is “none” or “not applicable (N/A),” write that response. Wherever a box is included, place a ✓ in whichever box applies. If you need more space to answer a question or to explain your answer, attach an additional page that refers to each such question by number and provide the additional information. Please print or type your answers.

Application: I, _____, declare that I am the ☐ plaintiff ☐ petitioner ☐ movant ☐ (other _____) in the above-entitled case. This affidavit constitutes my application ☐ to proceed without full prepayment of fees, or ☐ in support of my motion for appointment of counsel, or ☐ both. I declare that I am unable to pay the costs of these proceedings, and I believe that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of my application, I answer the following questions under penalty of perjury.

1. Are you currently incarcerated? ☐ Yes ☐ No
(If “No,” go to Question 2)
- I.D. #: _____ Name of prison or jail: _____
- Do you receive any payment from the institution? ☐ Yes ☐ No
- Monthly amount: _____

2. Are you currently employed? ☐ Yes ☐ No
- a. If the answer is “yes,” state your:
- Monthly salary or wages: _____
- Name and address of employer: _____
- _____
- b. If the answer is “no,” state your:
- Beginning and ending dates of last employment: _____
- Last monthly salary or wages: _____
- Name and address of last employer: _____
- _____

3. Are you married? ☐ Yes ☐ No
If the answer is "yes," is your spouse currently employed? ☐ Yes ☐ No
Spouse's *monthly* salary or wages: _____
Name and address of spouse's employer: _____

4. In addition to your income stated above in response to Question 2 (which you should not repeat here), *have you or anyone else living at the same residence* received more than \$200 in the past twelve months from any of the following sources? Mark a ✓ next to "Yes" or "No" in each of the categories a. through g, check all boxes that apply in each category, and fill in the twelve-month total in each category.
- a. ☐ Salary or ☐ wages ☐ Yes ☐ No
Total received in the last 12 months: _____
Received by: _____
- b. ☐ Business, ☐ profession or ☐ other self-employment ☐ Yes ☐ No
Total received in the last 12 months: _____
Received by: _____
- c. ☐ Rental income, ☐ interest or ☐ dividends ☐ Yes ☐ No
Total received in the last 12 months: _____
Received by: _____
- d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance, ☐ disability, ☐ workers' compensation, ☐ alimony or maintenance or ☐ child support ☐ Yes ☐ No
Total received in the last 12 months: _____
Received by: _____
- e. ☐ Gifts or ☐ inheritances ☐ Yes ☐ No
Total received in the last 12 months: _____
Received by: _____
- f. ☐ Unemployment, ☐ welfare or ☐ any other public assistance ☐ Yes ☐ No
Total received in the last 12 months: _____
Received by: _____
- g. ☐ Any other sources (describe source: _____) ☐ Yes ☐ No
Total received in the last 12 months: _____
Received by: _____
5. Do you or anyone else living at the same residence have more than \$200 in cash or checking or savings accounts? ☐ Yes ☐ No
Total amount: _____
In whose name held: _____ Relationship to you: _____

6. Do you or anyone else living at the same residence own any stocks, bonds, securities or other financial instruments? ☐ Yes ☐ No
Property: _____ Current value: _____
In whose name held: _____ Relationship to you: _____
7. Do you or anyone else living at the same residence own any real estate (with or without a mortgage)? Real estate includes, among other things, a house, apartment, condominium, cooperative, two-flat, etc. ☐ Yes ☐ No
Type of property and address: _____
Current value: _____ Equity: _____ (Equity is the difference between what the property is worth and the amount you owe on it.)
In whose name held: _____ Relationship to you: _____
Amount of monthly mortgage or loan payments: _____
Name of person making payments: _____
8. Do you or anyone else living at the same residence own any automobiles with a current market value of more than \$1000? ☐ Yes ☐ No
Year, make and model: _____
Current value: _____ Equity: _____ (Equity is the difference between what the automobile is worth and the amount you owe on it.)
Amount of monthly loan payments: _____
In whose name held: _____ Relationship to you: _____
Name of person making payments: _____
9. Do you or anyone else living at the same residence own any boats, trailers, mobile homes or other items of personal property with a current market value of more than \$1000? ☐ Yes ☐ No
Property: _____
Current value: _____ Equity: _____ (Equity is the difference between what the property is worth and the amount you owe on it.)
Amount of monthly loan payments: _____
In whose name held: _____ Relationship to you: _____
Name of person making payments: _____
10. List the persons *who live with you* who are dependent on you for support. State your relationship to each person and state whether you are entirely responsible for the person's support or the specific monthly amount you contribute to his or her support. If none, check here: ☐ None.

11. List the persons *who do not live with you* who are dependent on you for support. State your relationship to each person and state how much you contribute monthly to his or her support. If none, check here: ☐ None.

I declare under penalty of perjury that the above information is true and correct. I understand that 28 U.S.C. § 1915(e)(2)(A) states that the court shall dismiss this case at any time if the court determines that my allegation of poverty is untrue.

Date: _____

Signature of Applicant

(Print Name)

NOTICE TO PRISONERS: In addition to the Certificate below, a prisoner must also attach a print-out from the institution(s) where he or she has been in custody during the last six months showing all receipts, expenditures and balances in the prisoner's prison or jail trust fund accounts during that period. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account – prepared by each institution where you have been in custody during that six-month period. As already stated, you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant named herein, _____, I.D.# _____, has the sum of \$ _____ on account to his/her credit at (name of institution) _____. I further certify that the applicant has the following securities to his/her credit: _____. I further certify that during the past six months the applicant's average monthly deposit was \$ _____. (Add all deposits from all sources and then divide by number of months).

Date

Signature of Authorized Officer

(Print Name)

**UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS**

Plaintiff(s)

v.

Defendant(s)

)
)
)
)
)
)
)

Case No: _____

Judge: _____

MOTION FOR ATTORNEY REPRESENTATION

(NOTE: Failure to complete all items may result in the denial of this motion.)

1. I, _____, declare that I am the (check appropriate box)
☐ plaintiff ☐ defendant in this case and that I am unable to afford the services of an attorney. I hereby ask the Court for an attorney to represent me in this case.
2. I declare that I have contacted the following attorneys/organizations seeking representation:
(NOTE: This item must be completed.)

but I have been unable to find an attorney because:

3. I declare that (check all that apply):
(Now:)

☐ I *am not* currently represented by an attorney requested by the Court in any federal criminal or civil case.

OR

☐ I *am* currently represented by an attorney requested by the Court in a federal criminal or civil case. The case is described on the back of this page.

(Earlier:)

☐ I *have not* previously been represented by an attorney requested by the Court in any federal criminal or civil case.

OR

☐ I *have* previously been represented by an attorney requested by the Court in a federal criminal or civil case. The case is described on the back of this page.

4. I declare that (check one):

☐ I have attached an original Application for Leave to Proceed *In Forma Pauperis* detailing my financial status.

- ☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this case, and it is still true and correct.
- ☐ I have previously filed an Application for Leave to Proceed *In Forma Pauperis* in this case. However, my financial status has changed and I have attached an Amended Application to Proceed *In Forma Pauperis* to reflect my current financial status.

5. ☐ I declare that my highest level of education is (check one):

- ☐ Grammar school ☐ Some high school ☐ High school graduate
- ☐ Some college ☐ College graduate ☐ Post-graduate

6. ☐ I declare that my ability to speak, write, and/or read English is limited because English is not my primary language. (Check **only** if applicable.)

7. ☐ I declare that this form and/or other documents in this case were prepared with the help of an attorney from the U.S. District Court *Pro Se* Assistance Program. (Check **only** if applicable.)

8. I declare under penalty of perjury that the foregoing is true and correct.

Movant's Signature

Street Address

Date

City, State, Zip

Other cases in which an attorney requested by this Court has represented me:

Case Name: _____	Case No.: _____
Attorney's Name: _____	The case is still pending: Yes ____ No ____
The appointment was limited to settlement assistance: Yes ____ No ____	
Case Name: _____	Case No.: _____
Attorney's Name: _____	The case is still pending: Yes ____ No ____
The appointment was limited to settlement assistance: Yes ____ No ____	
Case Name: _____	Case No.: _____
Attorney's Name: _____	The case is still pending: Yes ____ No ____
The appointment was limited to settlement assistance: Yes ____ No ____	

